



APPLICATION FOR SURVIVING DEPENDENT BENEFIT

State Form 44512 (R3 / 10-06)
Approved by State Board of Accounts, 2006

Indiana State Teachers' Retirement Fund
150 West Market St., Suite 300
Indianapolis, IN 46204-2809
Telephone: (317) 232-3860 / (888) 286-3544
Home Page: <http://www.state.in.us/trf>

PRIVACY NOTICE

Your Social Security number is being requested by the Fund pursuant to Internal Revenue Service Code 3405. Disclosure of this information is mandatory. This form cannot be processed without it.

INSTRUCTIONS:

1. Please complete the necessary information by printing or typing in ink.
2. Please sign the application in the presence of a Notary Public.

PART I - CERTIFICATION BY SURVIVING DEPENDENT OR COURT-APPOINTED GUARDIAN OF MINOR DEPENDENT

☐

I hereby certify that I am the court appointed guardian of: (Name Of Dependent) _____

a minor surviving child of (Name of Member) _____

(Member's Social Security Number) _____, (Member's TRF Number) _____ who

died on (Date of Death) _____, 20 ____.

Pursuant to my status, I elect to have the eligible benefit received as directed below: (Check only one box)

ALTERNATIVE I

I hereby elect to have the Annuity Savings Account of the deceased member paid to me as an annuity.

ALTERNATIVE II

I hereby elect a distribution to me equal to the entire amount credited to the Annuity Savings Account of the deceased member.

ALTERNATIVE III

I hereby elect a distribution to me equal to the "Federal Tax Basis" (after tax contributions) in the Annuity Savings Account of the deceased member as it existed on December 31, 1986, and receive the balance of the account as an annuity.

Social Security Number of Dependent

Address of Dependent (Street Name or P.O. Box)

Printed Name of Dependent

City

State

ZIP Code

Signature of Guardian or Adult Dependent

Telephone

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PART II - NOTARY PUBLIC CERTIFICATION

State of _____

SS:

County of _____

Before me the undersigned, a Notary Public for _____ County,

Officer's county of residence

State of _____, personally appeared _____

Name of person

And they, being first duly sworn by me upon their oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this _____ day of _____, 200__.

(Signature)

Printed or typed name of officer

My commission expires: _____

(SEAL)